

# Application for Family or Medical Leave

## Dallas County

Type of leave requested (check each that apply)

- ☐ Medical – I am unable to work because of my own Serious Health Condition <sup>(\*)</sup>
- ☐ Family – I am caring for a spouse, child or parent with a Serious Health Condition <sup>(\*)</sup>
- ☐ Birth/Adoption – I will be caring for a newborn child; caring for a newly placed child <sup>(\*)</sup>
- ☐ Military
- ☐ Other (explain) \_\_\_\_\_

<sup>(\*)</sup> Medical Certification by a health care provider is required

Reason for requested leave:

\_\_\_\_\_  
\_\_\_\_\_

Date of first absence \_\_\_\_\_ Return date (est. if unknown) \_\_\_\_\_

*If leave is intermittent in nature, all hours must be reported to HR on a weekly basis.*

### DISCLOSURE STATEMENT

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Dallas County.

I acknowledge that I have reviewed the FMLA policy in the Employee Handbook and understand my rights and responsibilities.

### GINA DISCLOSURE

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA includes family medical history, the results of an individual's genetic tests, the fact that an individual sought or received genetic services, and genetic information of a fetus carried by an individual or an embryo lawfully held by an individual receiving assistive reproductive services.

Employee Name (printed): \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Email : \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

- ☐ This is a qualified reason for FMLA leave.
- ☐ The employee has worked for the County for 12 months (consecutive employment not required) prior to the start of the leave.
- ☐ The employee has worked at least 1,250 hours for the County during the 12 month period immediately preceding the leave.
- ☐ The employee works at a location where at least 50 employees are employed within 75 miles.

HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_